

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

**AUTOMATIC PRODUCTION OF VOCAL
RECOGNITION INTERFACES FOR AN
APPLIED FIELD**

Attorney Docket Number::

4590-431

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

3

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

Given Name::

Pascal

Middle Name::

Family Name::

BISSON

Name Suffix::

City of Residence::

Paris

State or Province of Residence::

Country of Residence::

France

Street of Mailing Address::

2, villa des Nymphéas

City of Mailing Address::

Paris

Postal or Zip Code::

75020

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status::
Given Name:: Célestin
Middle Name::
Family Name:: SEDOGBO
Name Suffix::
City of Residence:: Beynes
State or Province of Residence::
Country of Residence:: France
Street of Mailing Address:: 27, rue du Château d'eau
City of Mailing Address:: Beynes
Postal or Zip Code:: 78650

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status::
Given Name:: Olivier
Middle Name::
Family Name:: GRISVARD
Name Suffix::
City of Residence:: Palaiseau
State or Province of Residence::
Country of Residence:: France
Street of Mailing Address:: 37, allée du pont des baunes
City of Mailing Address:: Palaiseau
Postal or Zip Code:: 91120

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status::
Given Name:: **Claire**
Middle Name::
Family Name:: **LAUDY**
Name Suffix::
City of Residence:: **Paris**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **7 bis, rue A. Parodi**
City of Mailing Address:: **Paris**
Postal or Zip Code:: **75010**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status::
Given Name:: **Bénédicte**
Middle Name::
Family Name:: **GOUJON**
Name Suffix::
City of Residence:: **Venues**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **61 rue de l'aveir**
City of Mailing Address:: **Venues**
Postal or Zip Code:: **92170**

Correspondence Information

Correspondence Customer No:: **33308**
Phone Number:: **(703) 684-1111**

Fax Number:: (703) 518-5499

E-Mail Address::

Representative Information

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

Primary or Associate

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	02 16902	December 31, 2002	Yes
	PCT/EP2003/051001	December 15, 2003	Yes

Assignee Information

Assignee Name:: THALES
Street of Mailing Address:: 45, rue de Villiers
City of Mailing Address:: Neuilly Sur Seine
State of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code:: 92200